								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO													
Effective October 1, 2003								10/718,814					
CLAIMS AS FILED - PART I								L E	NTITY		OTHER	THAN	
			(Column 1) (Colu			ımn 2)	TYPE			OR	SMALL	ENTITY	
TOTAL CLAIMS 27							RA	ſΕ	FEE .		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			27 minus 20=		* 7		X\$	X\$ 9=		OR	X\$18=	126	
INDEPENDENT CLAIMS			g minus 3 =		* 6		X43=			OR	X86=	516	
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT		_		+14	+145=		OR	+290=	916	
* If the difference in column 1 is less than zero, enter "0" in column						column 2	TOT			OR	TOTAL		
CLAIMS AS AMENDED - PART II								/ L	L	On	OTHER	1,412	
	(Column 1) (Column 2) (Column 3)							SMALL ENTITY			SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9) =		OR	X\$18=		
	Independent	*	Minus	***		=	X43	=		OR	X86=		
	FIRST PRESENTATION OF MULTIPL						+145				+290=		
1,7,11,14,16,17,22,25,27							L	TAL		OR	TOTAL		
								FEE		OR	ADDIT. FEE		
		(Column 1) I CLAIMS	T	(Colun		(Column 3)	_	_	ADDI	l 5		4001	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA	RAT	E .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=		
	Independent	*	Minus	***		=	X43	=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+145	_		Ì	+290=		
TOTAL									-	OR	TOTAL	•	
•								EE	إ	OR ,	ADDIT. FEE	_	
		(Column 1) CLAIMS		(Colum		(Column 3)							
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= .	X\$ 9	=	•	OR	X\$18=		
	Independent	*	Minus	***		=	X43:	_	<u> </u>	OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							寸			.000		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE										OR ,	TOTAL ADDIT. FEE	<u></u>	
		ber Previously Paid					found in the	e app	ropriate box	in col	umn 1.		